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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/675,860
	Filing Date	09/30/03
	First Named Inventor	Kudlick et al.
	Art Unit	
	Examiner Name	

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I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. ΩR I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 68163 OR Firm or Individual Name Address City State Zip Country Telephone Fmail I am the Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature 2/18/1 Name John W. Burns Date Telephone 1/7/08 512-651-0595 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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